



Center for
Rural Health

University of North Dakota
School of Medicine & Health Sciences

<http://medicine.nodak.edu/crh>

Flex Program Overview *CAH Administrators*

via BTWAN: January 31, 2008
2-3:30pm

Flex Steering Committee

*Connecting resources and knowledge to strengthen
the health of people in rural communities.*



Flex Overview

- The Medicare Rural Hospital Flexibility Program (Flex Program) was authorized by the Balanced Budget Act of 1997 (BBA).
- Flex is a companion to the Critical Access Hospital (CAH) designation process.
- There are 45 Flex Programs in the nation.
- Learn more about ND Program at :
<http://ruralhealth.und.edu/projects/flex/>



Program Mission

- The Flex Program will help sustain the rural healthcare infrastructure by strengthening CAHs and eligible facilities and helping them operate as the hub of a collaborative delivery system in those communities where they exist.

Components of the Flex Program

- State Rural Health Plan
- Conversion to Critical Access Hospital
- Network development
- Quality improvement
- Emergency medical services integration



Administration and Partnerships

- ND Flex Program is administered by the Center for Rural Health, UND School of Medicine & Health Sciences
- Steering Committee assists with the operation (ND Department of Health, ND Healthcare Review, and the ND Healthcare (Hospital) Association.
- Competitive grant that runs September 1st through August 31st
- Current award: \$630,000



ND Flex Steering Committee

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Flex Advisory Committee

- **Pete Antonson**, Northwood Deaconess Health
 Northwood, ND (701) 587-6060
 2008-2011 (3 year term)
Representing Regions III and IV: Rolla, Langdon, Cando, Devils Lake (pending), Cavalier, Grafton, Park River, McVie, Northwood
- **Darrold Bertsch**, SW Healthcare Services
 Bowman, (701) 523-2314
 2008-2010 (2 year term)
Representing Regions VII and VIII: Garrison, Turtle Lake, Hazen, Elgin, Linton, Richardton, Bowman, Hettinger
- **Rick Failing**, Catholic Health Initiatives Consortium
 Valley City, ND (701) 845-1900
 2008-2011 (3 year term)
Representing Regions V and VI: Mayville, Hillsboro, Lisbon, Harvey, Carrington, Cooperstown, Valley City, Oakes, Ashley, Wishek
- **Kathy Hoeft**, Ashley Medical Center
 Ashley (701) 288-3433
 2008-2010 (2 year term)
Representing Regions V and VI: Mayville, Hillsboro, Lisbon, Harvey, Carrington, Cooperstown, Valley City, Oakes, Ashley, Wishek
- **Mitch Leupp**, Mountrail County Medical Center
 Stanley, (701) 628-2424
 2008-2009 (1 year term)
Representing Regions I and II: Crosby, Tioga, Watford City, Williston, Kenmare, Stanley, Bottineau, Rugby
- **Randy Pederson**, Tio ga Medical Center
 Tio ga, (701) 66-3305
 2008-2011 (3 year term)
Representing Regions I and II: Crosby, Tioga, Watford City, Williston, Kenmare, Stanley, Bottineau, Rugby
- **Roger Unger**, Linton Hospital and Medical Center
 Linton, ND (701) 254-4511
 2008-2009 (1 year term)
Representing Regions VII and VIII: Garrison, Turtle Lake, Hazen, Elgin, Linton, Richardton, Bowman, Hettinger
- **Kimber Wraalstad**, Presentation Medical Center
 Rolla, ND (701) 477-3161
 2008-2010 (2 year term)
Representing Regions III and IV Rolla, Langdon, Cando, Devils Lake (pending), Cavalier, Grafton, Park River, McVie, Northwood



Budget Information – Flex 2007-2008

UND (administrative overhead)	13%
Center for Rural Health (Marlene 55%, Chris 95%; Brad 15%; webmaster/financial administrator – 5%)	16%
NDDoH (Gary 25%; Fred 40%; other expenses)	9%
NDHA (Karen 35%; Linda 25%; Chip 2%; other expenses)	9%
QIO	0%
Subcontracts (CAH grants)	37%
EMS initiative (trauma designation)	4%
Mentoring initiative	2%
Travel, conferences, communication, survey administration	10%

**Approx. 50
of Flex
funding is
provided
directly to
CAHs.**



Flex Workplan Overview (2007-2008)

- **GOALS:**
 1. Update ND's State Rural Health Plan
 2. Quality Improvement
 3. Support Rural Hospitals
 4. Network Enhancement/Development
 5. Strengthen Rural EMS
 6. Conversion of Eligible Hospitals to CAH Status
 7. Development and Management of Flex Program and Evaluation



Flex Grants for CAHs

- **EMS Trauma Designation 2007-2008 -**
Applications due February 8, 2008
- **Flex Grant Program –**
 - Network Enhancement Grants that fund a CAH and at least one other legal entity working together to address rural health issues;
 - CAH Grants that fund financial analysis/assessments, program development, community engagement, and local task force development
- **Making a Difference Award Grant – 1 per year**
Funds a previously awarded CAH (and its network partners if applicable) service/program that is continuing to make a difference to its service area.



1. Update ND State Rural Health Plan

- Review original plan
- Host two community dialogues
- Develop Flex Advisory Committee
- Literature review/secondary data
- CAH Survey (February 2008)
- Draft report (others review)
- Finalize and use to inform next 2 years of Flex activities



2. Quality Improvement

- Increase rural hospital reporting to Hospital Compare (provide TA)
- Compare & contrast QI/QA initiatives, measures, etc. in ND to foster increased understanding & collaboration
- Development statewide CAH Quality Network
- Provide TA about IHI campaign



3. Support Hospitals

- Foster adoption of performance management tools (Balanced Scorecard)
- Coordinate educational opportunities
- Promote visibility of CAHs (CAH Profiles)
- Provide technical assistance to CAHs
- Strengthen linkages to economic development



Flex Technical Assistance

- Community Needs and Healthcare Assessments
- Strategic planning / Balanced Scorecard
- Focus groups
- Community forums
- Internal Personnel Audits
- Workshop development
- Grant development
- Community education
- CAH Clearinghouse
- Specialized assessments
- Flex Updates - listserv



4. Network Development

- Support/promote networking (peer mentoring, monthly CAH calls, grants)
- Support CAH HIT networks
- Promote development of FQHC and relationship with CAHs



5. Strengthen Rural EMS

- Assist CAHs with trauma designation
- Support educational opportunities related to finance



6. Conversion to CAH Designation

- Facilitate conversion of suitable eligible facilities to CAH status



7. Development and Management of Flex Program and Evaluation

- Workplan developed and implemented
- Conduct subgrantee evaluations
- Evaluate technical assistance
- Explore development of Flex Program Balanced Scorecard
- Evaluation report written and a component of state rural health planning process



Other Resources

- [American Hospital Association Critical Access Hospital](#)
Provides information on legislation, regulation, and studies; and American Hospital Association advocacy advisories and communications.
- [Federal Office of Rural Health Policy \(ORHP\)](#)
The Office of Rural Health Policy (ORHP) promotes better health care service in rural America by informing and advising the Department of Health and Human Services on matters affecting rural hospitals and health care, coordinating activities within the department that relate to rural health care, and maintaining a national information clearinghouse.
- [Flex Monitoring Team](#)
The monitoring project assesses the impact of the Flex Program on rural hospitals and communities and the role of the states in achieving overall program objectives.
- [National Organization of State Offices of Rural Health \(NOSORH\)](#)
The National Organization of State Offices of Rural Health (NOSORH) strive to develop increased communication and involvement with the 50 State Offices of Rural Health, building strong relationships with other health care groups, and find sources of revenue to improve its effectiveness.
- [National Rural Health Association](#)
The National Rural Health Association is a national membership organization, consisting of approximately 2000 members, whose mission is to improve the health and health care of rural Americans and to provide leadership on rural issues through advocacy, communications, education and research.
- [North Dakota Department of Health](#)
Web site for the North Dakota Department of Health.
- [North Dakota Healthcare Association](#)
A voluntary trade organization of North Dakota's licensed hospitals committed to advancing public policy and fostering excellence in medical and health services.



Other Resources

- [North Dakota Health Care Review, Inc.](#)
Serves as a link between health care providers and the community, stimulating continuous improvement in the quality of health care.
- [ORHP - Funded Rural Health Research Centers](#)
Provides a list of ORHP funded rural health research centers.
- [Rural Assistance Center](#)
The Rural Assistance Center (RAC) is a national portal for health and human services information which provides customized searches and assistance on a variety of rural topics.
- [Rural Health Works](#)
A program developed to demonstrate the link between healthy people and health economies through Economic Impact Studies, Community Health Planning, and Feasibility Studies.
- [Rural Policy Research Institute](#)
RUPRI conducts policy-relevant research and facilitates public dialogue to assist policymakers in understanding the rural impacts of public policies and programs.
- [Rural Recruitment and Retention Network](#)
The National Rural Recruitment & Retention Network (3RNet): A nonprofit organization made up of state organizations helping health professionals find practice opportunities in rural areas throughout the country.
- [Technical Assistance and Services Center \(TASC\) for the Rural Hospital Flexibility Program](#)
The Technical Assistance and Services Center (TASC) provides technical assistance for the Rural Hospital Medicare Flexibility (Flex) Program in the form of information, tools and resources. ***Very good examples for CAHs***



Q&A ...

- What are your needs?
- What is working well for you?
- Lessons learned?
- Ideas?



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